O Linder the Paragraph R	toduction Act of 1995	no persons are required to respond to	Patent and T	PTO/SB/21 (12-97 Approved for use through 9/30/00. OMB 0651-003' rademark Office: U.S. DEPARTMENT OF COMMERCI					
7	reduction Act of 1995,	Application Number	a collection of information unless it displays a valid OMB control number 10/562,029						
JUN 1 6 2008 gg.		Confirmation Number 5410							
SMITTAL		Filing Date with an effe		ective filing date of June 7, 2004					
FORM		First Named Inventor	Norman REC	GENSCHEIT					
(to be used for all correspondence after initial filing)		Group Art Unit	3681						
		Examiner Name	Tisha D. LE\	WIS Fax: (571) 273-8300					
Total No. of Pages in this Su	ıbmission: 6	Attorney Docket Number ZAHFRI P809US							
ENCLOSURES (check all that apply)									
■ Fee Transmittal Form	[2]	☐ Assignment papers (for an Application)		☐ After Allowance Communication to Group					
■ Fee attached - C	heck \$130	☐ Drawing(s)		. □ Appeal Communication to Board					
■ Response	■ Response[2]			of Appeals and Interferences					
☐ After Final		☐ Licensing-related Papers	2 (02 (00)	☐ Appeal Communication to Group					
☐ Affidavits/dec	claration(s)	☐ Petition Routing Slip (PTC and Accompanying Petitic (DELETED - no long	on	(Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter ■ Additional Enclosure(s) (please identify below):					
☐ Extension of Time Req (in Duplicate)	quest	☐ To Convert a Provisional							
☐ Express Abandonment	Request	☐ Power of Attorney, Revo							
☐ Information Disclosure	Stmt	Change of Correspondence							
☐ Certified Copy of Priority		■ Terminal Disclaimer	[1]	Postcard					
Document(s)		☐ Small Entity Statement	:	,					
☐ Response to Missing Part/s Incomplete Application		☐ Request for Refund							
☐ Response to N under 37 CFR									
REMARKS									
	SIGNA	TURE OF APPLICANT, ATTO	RNEY, OR AGE	NT					
Firm or Individual Name Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.C									
Signature (Signature)									
Date June 11, 2008 (V									
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 onJune 11,									
2008 .		0/1-							
Signature	/h	Sal Byll		Date: June 11, 2008 (Lfb)					

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

	Under the Paperwork R	eduction Act	of 1995, n	o pe <u>rsons ar</u>	e required to	respond to	a collection	Patent and Tr n of informatio	ademar n unle	rk Office: U.S. ĎEF ss it displays a v	PARTMENT OF COMMERCE alid OMB control number		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						respond to a collection of information unless it displays a valid OMB control number Complete if Known							
FEE TRANSMITTAL For FY 2008 Compared to the control of the contro					Application No. Filing Date First Named Inventor Examiner Name Art Unit				10/562,029 w/filing date of June 7, 2004 Norman REGENSCHEIT Tisha D. LEWIS 3681				
TOTAL A	TOTAL AMOUNT OF PAYMENT: \$130							Attorney Docket No. ZAHFRI P809US					
METHOD OF PAYMENT (check all that apply)													
■ Check □ Credit Card □Money Order □None □ Other (please identify):													
Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
_	☐ Charge fee(s) indicated be			•	•			elow except	for the	e filing fee			
•	■ Charge any additional fee under 37 CFR 1.16		rpayment	ts of fee(s)	■ Credit	t any overp	ayments						
	IG: Information on this form morization on PTO-2038.		public. (Credit card	information	n should no	ot be inclu	uded on the f	this fo	orm. Provide c	redit card information		
	CULATION												
1.	BASIC FILING, SEARCH, AN	1D EXAMIN	VATION F	EES									
	Application Type	FILING F	EES Small E Fee (SEARCH	f FEES Small En Fee (\$)		EXAMINA		l Entity	Fees Paid (\$)		
	Utility	310	155	_	510	255		210	105				
	Design	210	105		100	50		130	65				
	Plant	210	105		310	155		160	80				
	Reissue	310	155		510	255			310				
	Provisional	210	105		0	0		0	0				
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (including	•					50	<u>Fee (\$)</u>	25	Small Ent Fee (\$)	ity		
	Each independent claim over			es)			210		105				
	Multiple dependent claims	-						370		185	i		
	<u>Total Claims</u> 20 or HP =	Extra Cla	Claims Fee (\$)		_ =	Fee Paid	<u>(\$)</u>	,	<u>Multip</u> Fee	ole Dependent (\$)	<u>Claims</u> Fee Paid (\$)		
	Indep. Claims -3 or HP +	Extra Cla	aims x	<u>Fee (\$)</u>	=	Fee Paid	<u>(\$)</u>						
	HP = highest number of inc	dependent		aid for, if ç	— greater tha	an 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
-	Total Sheets -100 =	Extra She	<u>eets</u> _ / 50 =	No. of ea	ach additio	onal 50 or d up to a v	fraction whole nu	thereof mber) x	Fee (<u>\$)</u> =	Fee Paid (\$)		
4.	OTHER FEE(S)										Fees Paid (\$)		
Terminal Disclaimer (LARGE)													
SUBMITTED BY													
Signature	, /	Zml	Q.X	12	aff.	 ,,			Т	elephone (603	3) 226-7490		
Name (Print/Typ	pe) Michael	J. BUJO	LD		7	Registra (Atty/Age	ation No. ent) 32,0	018	_	ate: June 11	, 2008		

	Under the Paperwork R	eduction Act	of 1995, n	o persons ar	re required to	o respond to	Patent a collection of info	t and Trader rmation ur	mark Office: U.S. D nless it displays a	PEPARTMENT OF COMMERC A valid OMB control numbe		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							C	Complete if Known				
FEE TRANSMITTAL For FY 2008 Applications small entity status. See 37 CFR 1.27					Application Filing Da First Nan Examine Art Unit	te ned Inventor		w/filing dat Norman RI	10/562,029 w/filing date of June 7, 2004 Norman REGENSCHEIT Tisha D. LEWIS 3681			
TOTAL AMO	TOTAL AMOUNT OF PAYMENT: \$130								ZAHFRI P8	309US		
TOTAL AMOUNT OF PAYMENT: \$130 Attorney Docket No. ZAHFRI P809US METHOD OF PAYMENT (check all that apply)									30000			
■ Check □ Credit Card □Money Order □None □ Other (please identify):												
■ Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
٥	Charge fee(s) indicated be	low			□ Charg	je fee(s) ind	licated below ex	cept for t	the filing fee			
	Charge any additional fee(under 37 CFR 1.16		payment	s of fee(s)	■ Credif	t any overpa	ayments					
WARNING: and authoriza	Information on this form ma ation on PTO-2038.	ay become	public. C	Credit card	informatio	n should no	t be included or	the this	form. Provide	credit card information		
FEE CALCUI	LATION											
1. BA	ASIC FILING, SEARCH, AN			EES	OF A DOL		FVA	****				
<u>Ap</u>	plication Type	FILING FE	Small Er Fee (\$		SEARCH Fee (\$)	Small Enti Fee (\$)			N FEES all Entity se (4)	Fees Paid (\$)		
Util	lity	310	155		510	255	210	105				
De	sign	210	105		100	· 50	130	65				
Pla	ant	210	105		310	155	160	80				
Rei	issue	310	155		510	255	620	310				
Pro	ovisional	210	105		0	0	0	0				
Fee	CESS CLAIM FEES e Description ch claim over 20 (including	Reissues)					<u>Fee (</u>	(<u>\$)</u> 25	Small Er Fee (\$)			
	ch independent claim over			es)			210	105				
	Itiple dependent claims	_					370		185			
<u>Tot</u>	tal Claims 20 or HP =	Extra Clair	<u>ms</u> _ x _	Fee (\$)	_ =	Fee Paid ((<u>\$)</u>	<u>Mult</u> Fe	tiple Depender e (\$)	nt Claims Fee Paid (\$)		
<u>Ind</u>	lep. Claims -3 or HP +	Extra Clai	ms x	Fee (\$)	=	Fee Paid (\$)	•				
НР	= highest number of ind	enendent (Naime na	old for if a	 rester the	n 3						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets No. of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
4. OTI	HER FEE(S)									Fees Paid (\$)		
Terminal Disclaimer (LARGE)												
SUBMITTED BY												
Signature		Zml	al .	By	df				Telephone (60	03) 226-7490		
Name (Print/Type)	Michael J	. BUJOL	.D	17		Registrati (Atty/Ager	on No. nt) 32,018		Date: June 1	1, 2008		